

Montana Medicaid - Fee Schedule
Nutrition
July 1, 2008

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA	Units of Service	Max Allowed/Claim
G0108		DIAB MANAGE TRN PER INDIV	7/1/2008	FEE SCHED	\$20.71		30 min	4
G0109		DIAB MANAGE TRN IND/GROUP	7/1/2008	FEE SCHED	\$12.17		30 min	9
G0270		MNT SUBS TX FOR CHANGE DX	7/1/2008	FEE SCHED	\$14.04		15 min	8
G0271		GROUP MNT 2 OR MORE 30 MINS	7/1/2008	FEE SCHED	\$5.52		30 min	8
97802		MEDICAL NUTRITION INDIV IN	7/1/2008	FEE SCHED	\$14.13		15 min	8
97803		MED NUTRITION INDIV SUBSEQ	7/1/2008	FEE SCHED	\$14.13		15 min	8
97804		MEDICAL NUTRITION GROUP	7/1/2008	FEE SCHED	\$5.75		30 min	8